UNITED
NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1995/P/L.15
7 March 1995
ENGLISH
ORIGINAL: ENGLISH/FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1995
20-23 March 1995

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Chad

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme for Chad for the period from 1996 to 2000 in the amount of $8,500,000 from general resources, subject to the availability of funds, and $16,025,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $182,000 to fund the approved country programme for the period from 1990 to 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Chad, a central African country with an area of 1,248,000 km^2 situated in the Sahelian region, has great human and economic potential. It is classified as 165th out of 173 countries in the 1994 human development index. In 1992, about 51 per cent of the total population lived below the absolute poverty level. This situation is in part due to the long period of instability marked by 30 years of war and internal conflict. However, the process of democratization begun in 1990 and the establishment of relative peace give grounds for hope.

2. In spite of considerable adjustment efforts, Chad's economic situation has been especially difficult during the last 10 years. The current budget deficit has worsened, amounting to 26.2 billion CFA francs in 1993. The 1991-1993 period was characterized by an average annual growth rate in the gross national product of 6.4 per cent. But the resulting benefits have been jeopardized by the sharp deterioration of Chad's financial situation owing partly to the deficiencies in tax collection and partly to the increase in public expenditure, including military expenditure and salaries. The result has been the inability of the State to meet its domestic and foreign obligations. The country remains heavily dependent on foreign aid, which finances almost all of its investment expenditures and part of its operating expenses.

3. The 50 per cent devaluation of the CFA franc in 1994 was intended to promote the restoration of balance in the public budget and the country's foreign competitiveness with respect to a number of agro-pastoral products. It was accompanied by a series of measures limiting the prices of basic consumer products and increasing public expenditures in the social sectors (education, health) in order to limit the negative effects of the action on the most vulnerable groups.

4. In 1993, Chad's population was estimated to be 6,288,261. It has doubled in 30 years. Life expectancy is 48 years. The urban population constitutes 35 per cent of the total and is increasing at an annual rate of 6.4 per cent, as compared with 2.4 per cent for the country as a whole. Women of child-bearing age constitute 22 per cent of the population and children under the age of 5 about 18 per cent.

5. The infant mortality rate (IMR) and the under-five mortality rate remain at very high levels, amounting respectively to 121 and 206 per thousand live births (1993). The main causes are acute respiratory infections (ARI), diarrhoea and malaria. The low rates of coverage for combined diphtheria/pertussis/tetanus vaccination (13 per cent) and against measles (19 per cent) have not made possible a marked reduction in illnesses preventable by vaccination. These contribute to the high mortality rates, as do anaemia, malnutrition and inadequate weight at birth. It is to be noted that since 1990 the rate of vaccination coverage for children under the age of one has decreased. The rate of use of oral rehydration therapy (ORT) was estimated at 15 per cent in 1993.

6. The situation of women continues to be of great concern, with an estimated maternal mortality rate (MMR) of 960 per 100,000 live births in 1993. The main

causes are eclampsia, post-partum and post-abortum infections, uterine ruptures, haemorrhage and anaemia.

7. Breast-feeding is prolonged beyond the first year, but inadequate weaning practices and lack of food availability, which is at times particularly acute in the prefectures of Salamat, Kanem and Batha, make protein-energy deficiency an important cause of infant and child morbidity and mortality. No breast-milk substitute is used at the hospital level. Micronutrient deficiencies exist. A survey carried out in 1993 showed goitre to be prevalent in 63 per cent of the age 10-20 population. A study carried out in 1986 again showed a rate of prevalence of 0.6 per cent for xerophthalmia among under-five children.

8. The rate of prevalence of the human immunodeficiency virus (HIV) has risen dramatically since 1991. Approximately 1,538 cases were reported at the sentry post level between 1991 and 1993. Projections made on the basis of the available data show that the prevalence of HIV among adults aged 16 and over will rise from 3 per cent in 1994 to 5 per cent in 1999.

9. Dracunculiasis (Guinea worm) also exists in the country, but remains limited to 6 prefectures and 106 villages. One thousand two hundred and thirty-one cases were reported in 1993.

10. The rates of access to safe water were estimated at 25 per cent in rural areas and 70 per cent in urban areas. The Government estimates that only 10 per cent of the population has access to adequate sanitary installations. One of the consequences is the large incidence of water-borne illnesses. The lack of accessibility of water points also has other consequences, including the heavy workload it entails for women and young girls in collecting and transporting it, which has a negative effect on their health and also limits their access to education. Lastly, the purchase of water is an expensive charge on family budgets (during the dry season 40 litres of water cost an average of 75 CFA francs at N'Djamena and 120 CFA francs at Abeche). The main obstacles to increasing coverage remain the high cost of the works and the difficulty of maintaining existing water points. A national water and sanitation policy remains to be established.

11. The situation with respect to basic education is characterized by low levels of teaching and school attendance, especially in rural areas and for women. In 1990 the illiteracy rate, estimated at 70 per cent for the population as a whole, reached the alarming proportion of 82 per cent among women. The average rate of enrolment is 65 per cent in the first year of primary school, including a low rate of 41 per cent for girls as compared with 89 per cent for boys. The gap between the rate of primary school completion for girls (50 per cent) and for boys (55 per cent) is not as wide. According to the Government's most recent figures, the rate of increase in enrolment for girls went from 9 per cent in 1990 to 12 per cent in 1994 as compared with 7 per cent for boys. The situation with respect to the education of children and women in nomad areas is particularly deplorable. In the five prefectures containing large nomad communities, the rate of school enrolment is only 43 per cent. This situation is the logical consequence of the defects of the formal education system, which is internally and externally inefficient. The rates of repeating (35 per cent) and school leaving (9 per cent) are among the highest in

sub-Saharan Africa. To this must be added the inadequacy and lack of diversification of the education offered and the reticence of the population with respect to the education of girls, a reticence which is related to socio-cultural and economic factors.

12. In spite of the difficult context, Chad has accomplishments and possibilities which can have a positive influence on the achievement of the intermediate and decade objectives. These include community participation through the very active financing and management of education by the parents' associations, the development of Koranic schools and the madrassas, in which the number of girls enrolled is greater than that of boys (52 per cent as against 48 per cent).

13. The economic and socio-political crises Chad has undergone throughout the decade have led to increased family impoverishment, especially among urban families. These crises, combined with the demographic upsurge and the movement towards urban centres in order to flee the areas of military conflict, have led to the development of the phenomenon of children living in especially difficult circumstances. This category includes, among others, street children, child workers, girl domestics, child soldiers and mistreated children. The number of these children is estimated at 10,800.

14. Thus, the Sovereign National Conference, which was the first forum expressing the country's movement towards democracy, gave a large place to children and women. Of the recommendations that came out of that meeting, 12 were directly related to these target groups, including the preparation of a family code, taking the women's dimension into account in all development projects, the effective application of the Convention on the Rights of the Child, the prohibition of traditional practices harmful to health, prohibiting the enrolment of children in the army and the social reintegration of those who were in it. Likewise, by giving priority to the social sectors in its guideline plan, "Chad towards the year 2000", the Government confirmed its will to mobilize the necessary resources to achieve the human development objectives.

PROGRAMME COOPERATION, 1990-1995

15. The cooperation programme initially approved for the period 1990-1994 was extended for one year in 1995 as part of the harmonization of programme cycles of United Nations system agencies. That extension also made it possible to continue to work towards attainment of the mid-term objectives through 1995. The 1990-1995 programme was organized around the following goals: (a) the reduction of child morbidity and mortality and of the MMR and IMR; (b) the strengthening of pre-school, primary and literacy services with the aim of qualitative improvement and the reduction of disparities between the sexes; (c) support of community initiatives on the basis of a participative and integrated approach; (d) the use of social mobilization as a means of disseminating messages and basic information; and (e) the strengthening of capacities for the collection, analysis and use of data on the situation of children and women.

16. The objectives initially laid down for the 1990-1995 period fall within the main lines of action of the mid-decade and decade goals. Consequently, little readjustment was required. The strategies have, however, been refined in terms of: the concentration of health interventions in the areas where opportunities exist to speed up the mid-term objectives, and to conduct advocacy of the development of partnership in the other areas; (b) institutional support for the development of unconventional alternatives and approaches as complementary strategies making it possible to increase access to basic education and in particular to reduce the disparity between girls and boys in education; (c) experimentation with low-cost technology ("sludge") to increase water coverage; and (d) advocacy for the development of a national sanitation policy. The strategies have also been refined to take into account the problem of children living in especially difficult circumstances within a framework of national cooperation.

17. The activities carried out by the 1990-1995 cooperation programme will be continued in the next cycle in support of the mid-term objectives, both to consolidate the gains and to support the Government's efforts to implement the goals of the national programme of action (NPA).

Health and nutrition

18. The efforts in this field have been focused on achievement of the mid-term goals. Four main lines of action have been chosen: (a) advocacy; (b) capacity strengthening; (c) community training; and (d) the revitalization of primary health care (PHC) within the framework of the Bamako Initiative.

19. The strategies of the expanded programme of immunization (EPI), which gave priority to mobile teams, have been redirected towards immunization at fixed points and through a forward strategy. The rates of vaccination coverage have not improved, as they went from 20 per cent of children completely inoculated in 1990 to less than 13 per cent in 1993. The problems encountered are closely lined to the lack of resources for the health sector: monitoring and supervision constraints; many strikes by health workers and those of the vaccine storing and distribution system organizations; and above all a lack of commitment by the responsible national authorities. An emergency plan for the revitalization of "EPI Plus" was worked out during the second half of 1994 based on the revitalization of the health centres by means of a microplanning of their activities and community participation in the management and financing of those activities within the framework of the Bamako Initiative. A positive effect on the rates of vaccination coverage is expected beginning with 1995.

20. Great progress has been made in the orientation of health policies, giving the county an operational and legal framework favouring the extension of the Bamako Initiative. Currently, more than 50 health centres have established a system of co-management and co-financing of health activities. In order to prevent iodine deficiency disorders, a decree is being adopted favouring the import of iodized salt.

21. Following the dracunculiasis eradication programme initiated in 1991, 1,231 cases were reported in 1991. There is hope that the disease can be

eradicated by the end of 1995 because of the positive results achieved; 88 of the 106 endemic villages have a trained village health worker.

22. Nutritional promotion and growth monitoring activities have been undertaken, together with systematic vitamin A, iron and folic acid supplementation; their effect remains limited, however, by the lack of access of the population to health services and by the poor integration of the minimum activities package with those services.

23. The intensification of intra- and inter-sectoral coordination, and the coordination between the various multilateral and bilateral cooperation agencies concretized by the revitalization of a number of health committees favour a real synergy of the activities undertaken.

Basic education

24. In the field of education, the priority given basic education by a programme for girls and women was expressed at the level of primary education by the support provided for two studies of girls' enrolment. Those studies made it possible to define the conceptual framework of action to promote the enrolment of girls. They have also aroused the interest of donors, including the World Bank, an interest expressed in the preparation of a protocol of agreement between the Government and UNICEF concerning the financial participation of the World Bank.

25. The programme made possible the training of 720 male and female teachers as well as administrative staff of the Ministry of Education and the enrolment of 9,398 pupils, including 3,000 girls. The rate of increase in the enrolment of girls went from 9 per cent in 1990 to 12 per cent in 1994 as compared with 7 per cent for boys. At the adult literacy level, two studies were carried out on identification of the population's literacy needs and the possibility of using local languages for literacy. Those studies provide an important basis for medium and long-term literacy planning. About 1,132 animators and conceptual staff have been trained locally and abroad. That support has made possible the teaching of literacy to 30,000 adults, including 14,475 women. At the level of early childhood training, a study was carried out of the customs and habits of mothers with respect to the education of young children and 160 pre-school teachers and 90 mothers attended training and recycling sessions. This initiative contributed to the training of 600 children aged 3-5. In spite of these accomplishments, the programme was unable to achieve all its objectives because of the low institutional and operational capacity of the Ministry of National Education and the social disorders that took place throughout the period of execution.

Integrated basic services programme

26. The integrated basic services programme (IBSP), which is an experimental programme, was intended to improve the living conditions of rural children and women in the sub-prefectures of Kelo, Gounou Gaya, Mao and Ati through the establishment of IBS; to improve access to basic education and safe water; and the promotion of insurance systems against the periodic famines. About 30,500 people living in 220 communities have benefited from the activities of this

programme. The results of these activities can be summed up in terms of the development of human resources and the improvement of basic services delivery.

27. The achievements in the field of human resources are reflected in the strengthening of the capacities of technicians at the central and peripheral level through a community and participatory approach. There has also been a strengthening of the capacities of communities to organize themselves around cereal banks and in the marsh perimeters. At the level of service delivery, the support given the health centres in training, equipment, information and community education has led to increased use of the health units in spite of a break in the regular operation of these services. The assessment of the programme carried out in 1994 showed a higher rate of prenatal consultation in the areas of the programme (1.8 per cent) than in those not benefiting from these activities (1 per cent) and a higher anti-measles vaccination coverage (50 per cent as compared with 31 per cent). In the water sector, 190 drilled wells equipped with India Mark III pumps were installed. The social mobilization activities made it possible to stimulate the interest of the population in the education of girls and food security. In spite of these results, the IBSP suffered from several defects, including a lack of interaction with the national health and education programmes, of the focusing of activities on target groups and of geographic distribution, thus limiting planning and monitoring activities.

Social mobilization

28. To carry out the objective of developing a national programme, this programme relied more on rural radio than on the other media. Thus, with the financial and logistical participation of UNICEF, the rural radio service carried out 32 field trips of two weeks each between 1990 and 1994. It created and produced in 10 local languages more than 200 programmes, and produced 110 micro-programmes on the themes of vaccination, brush fires, breast-feeding, diarrhoea, the education of girls and the management of water points and cereal stocks. All the ceremonies commemorating events connected with the advancement of women were the subject of special broadcasts on national radio and television and articles and background material for the press. The social mobilization activities were rendered especially difficult by the size of the territory, the inadequacy of infrastructures and means of communication, the high rate of illiteracy and the socio-cultural and linguistic diversity of the population.

Children living in especially difficult circumstances

29. These children were not specifically targeted in the 1990-1995 cooperation programme. However, occasional interventions made it possible to reach about 932 of them each year. Most of the support was in school supplies, vocational training materials, basic necessities and logistical support. The mid-term review in 1993 emphasized the need to intensify the partnership and to continue to help these children while preparing a sustained sectoral programme for the 1996-2000 programme cycle.

30. The advocacy and mobilization activities undertaken since 1991 in favour of the Convention on the Rights of the Child yielded encouraging results. Thus the number of child soldiers, of whom there were many in the army, has gradually

decreased, although the problem of their reintegration remains a matter for concern.

Planning, monitoring and evaluation

31. The objective of strengthening the capacities of local officials and technicians with respect to the planning, monitoring and evaluation of social programmes, including those targeting children and women, has shown itself to be essential for the implementation of the cooperation programme. The systematic introduction of a training segment into all the meetings to review the programmes, to plan strategies and to prepare the NPA, as well as the participatory approach, which has involved the partners at the central and peripheral levels in planning, implementing and using the evaluations, are the main accomplishments of the programme.

32. The survey carried out as part of the IBSP evaluation in 1994 at 18 sites in the southern part of the country demonstrated the feasibility of monitoring the mid-term and decade objectives through an approach permitting the best possible use of the human and financial resources that can be mobilized. It also showed that it was possible to include in an information system the populations which lack access to the basic services and thus escape any periodic surveillance, although they constitute an important part of the population which contributes to attainment of the objectives.

Lessons learned

33. The annual and mid-term reviews have made it possible to draw the following major lessons, which have served as a basis not only for readjusting programmes but for preparing the plan of implementation for the mid-term objectives and drawing up the cooperation programme for 1996-2000. These are: (a) the verticalization and centralization of the national health programmes as well as the low management capacities which have limited the availability and rational use of resources and prevented the synergy of activities for a greater impact; (b) the increased access to basic education, including that of girls and women, requiring the extension of activities to non-formal and informal educational approaches; (c) the effort to make the IBSP more effective requires the refocusing of objectives and activities, the convergence of services on the target groups and limitation of the areas of intervention. Moreover, the optimal use of resources requires better definition of the interactions between the IBSP and the other programmes; (d) the exclusive use of rural radio as a means of communication and awareness-raising encouraged dialogue between the central and community levels and between the communities, although it limited the encouragement of other communications media and approaches; (e) the scope of the phenomenon of children living in especially difficult circumstances requires that their specific needs and protection be taken into account in the programmes; (f) the strengthening of institutional capacities for integrated and multisectoral analysis of the determinants of the situation of children and women is a prerequisite to any planning and analysis activities such as NPA and analysis of the situation of children and women.

Process of preparation of the country programme

34. The programming process began in July 1993 with the mid-term review of the cooperation programme, 1990-1995. The active participation in formal meetings of national decision-makers, bilateral and multilateral agencies and representatives of national and international NGOs was maintained and strengthened throughout the process in the work of situation analysis and strategy formulation as well as in the preliminary examination. Synergy with the NPA was ensured, and was also worked out in the context of sectoral consultations.

35. The UNICEF office in Chad had the support of the office for West and Central Africa and headquarters throughout the programming process, especially during the various preparatory meetings.

36. On the basis of the experience acquired during the implementation of the cooperation programme, 1990-1995, and in agreement with UNICEF, the Government has agreed that actions within the framework of the cooperation programme, 1996-2000, should be carried out through a minimum package of activities in 9 selected prefectures containing more than 80 per cent of the population. The strategy will consist of identifying the areas of intervention of the other partners in those prefectures in order to properly focus the activities already undertaken, by taking into account those actions which have already been carried out and by using the multisectoral and convergent approach adopted in designing the cooperation programme.

III. RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1990-1995

Annual funding requirements

(in thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funds proposed 1995	Total
1990-1995	10,332	182	182

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.

37. Following the adoption of 1992 by the International Conference on Assistance to African Children of the mid-term objectives of The Dakar Consensus, it became necessary to speed up and intensify activities in 1993 and 1994 in order to meet these goals by the end of 1995. The 1990-1995 budget available from general resources will thus be insufficient to fully cover the financial requirements for programme implementation to the end of the current cycle. Additional funds in the amount of $182,000, to be funded from general resources, are therefore required for 1995.

IV. RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources: $ 8,500,000
Additional funding: $16,025,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General Resources	Additional Funds b/	Total
Health care and nutrition	2,085	8,230	10,315
Education	1,835	3,500	5,335
Water supply and environmental sanitation	650	2,420	3,070
Social mobilization	1,168	500	1,668
Urban development, children living in especially difficult circumstances	150	1,000	1,150
Research, monitoring and evaluation	560	375	935
Programme support	2,052	-	2,052
Total	8,500	16 025	24,525

a/ A breakdown of estimated annual expenditure is shown on Table 3.

b/ Projects to be funded from available additional funds should be added to this figure, as indicated on Table 3.

38. Prepared on the basis of broad national consensus, the NPA (1992-2002) is the instrument that allows the Government to mobilize resources in order to meet the objectives for the decade. This document, which defines the scope of the country's goals for the decade (1992-2002) as well as its main strategic lines, has made it possible to design a plan of action for the decade and to outline a macroeconomic funding framework. The NPA objectives are: (a) to reduce by one third the IMR and the U5MR, estimated at the time of planning at 127 per 1,000 live births and 216 per 1,000 live births, respectively; (b) to reduce by half the MMR, estimated at the time of planning at 800 per 100,000 live births; (c) to provide all families with access to safe water; (d) to reduce school enrolment deficiencies by providing at least 80 per cent of school-age children with access to education, with special emphasis on girls; (e) to reduce illiteracy among women aged 15 to 45 years of age by half, with special emphasis on women; and (f) to develop intervention capacities in order to reduce the number of children living in especially difficult circumstances.

Planning and coordination context

39. Programme cooperation for 1996-2000 is based on the Government's economic and social policies and the provisions contained in the World Summit for Children and the Convention on the Rights of the Child. It functions within the harmonization and coordination framework of external aid set up by the Government in agreement with the donors and through a round table process and a joint Government/United Nations system programme. Its success depends on a number of factors, in particular the continuation of the task of national recovery undertaken by the Government with respect to democratization, security, public finance overhaul and improved administrative efficiency.

40. The programme has already taken into account the main policies contained in a national strategy memorandum currently being considered for approval by the Government. The memorandum was drafted under the authority of the Minister for Planning and Cooperation with the active participation of the United Nations system in Tchad. If required, a programme cooperation readjustment mechanism will integrate the joint Government/United Nations system (Joint Policy Consultation Group) programme.

41. Taking into account these different factors -- UNICEF's mandate as well as the above-mentioned coordination framework -- programme intervention will occur on three levels: (a) the areas of concentration in which UNICEF will play the leading role and to which a substantial share of its resources will be allocated; (b) the areas in which UNICEF is not the prime mover, but where it contributes to the implementation of the national objectives for the decade; and (c) any other areas involving social development, in which UNICEF will support Government efforts in cooperation with other national and international partners so as to incorporate the specific needs of children and women into the various programmes.

Objectives of the cooperation programme

42. This programme will end before the deadline set by the Government to meet the objectives for the decade, namely the year 2002. Its aim is to help reinforce the results obtained with a view to achieving the mid-term goals and implementing the NPA. An analysis of the Government's institutional capacities, of the resources that could be mobilized and of the comparative benefits of undertakings in previous cooperation programme cycles helped define the following general objectives: (a) to contribute to lowering infant mortality from 121 to 88 per 1,000 live births, under-five mortality from 206 to 155 per 1,000 live births and maternal mortality from 960 to 400 per 100,000 live births; (b) to help raise school enrolments to 80 per cent, with a tangible narrowing of the gap in enrolments between boys and girls, to reduce illiteracy by half to 35 per cent, and to increase the rates of early childhood training to 30 per cent; (c) to reduce morbidity caused by water-related problems and lack of hygiene by improving the management of natural resource; (d) to increase mobilization and communications capacities with a view to promoting improved community use of basic services and to elicit an increase in the mobilization of resources in order to meet goals; (e) to improve the living conditions of disadvantaged peri-urban children and women in five of the country's major

cities; and (f) to develop national capacities to monitor the condition of children and women and to evaluate actions undertaken in their favour.

43. Any feasibility study covering the objectives of the decade must take into consideration the particularly fragile context of the country's political, military, economic and social situation. The democratic election process which is planned for 1995 as well as its outcome will determine the climate in which the proposed actions will be undertaken. Two scenarios may be envisaged: (a) a worsening of the situation, with social services functioning at their minimum level, in which the gains made in meeting mid-term objectives are preserved but limiting the implementation of any activity aiming to meet the objectives for the decade; or (b) the outcome of democratic elections is recognized by all as a catalyst for economic revival and a means to restore the dialogue, internally as well as with the different partners. In the latter scenario, the implementation of most of the objectives which the country has set for the 2002 horizon to improve children's well-being can easily be envisaged.

Main strategies of programme cooperation

44. Three levels of intervention have been selected for programme cooperation: (a) at the national level, defining and reinforcing national sectoral policies as well as strengthening institutional capacities; (b) at the district level, convergent implementation of service in the villages; and (c) at the grass-roots level, implementation of a participatory and community approach.

45. Planned actions will revolve around two lines of strategy: (a) cross-sectoral strategies which include support of the decentralization process, intra- and intersectoral integration, increasing community and decision-makers' access to information, advancing the status of women through implementation of the "gender approach"; and (b) operational strategies consisting of: increased access to, and use of, basic services, emphasizing a participatory approach at the local level and strengthening household and community capacities to participate in decision-making, thereby enabling them to manage efficiently the resources thus made available to them. Integration and coordination of services and activities and their convergence towards target groups will be provided by training technicians and a framework of community structures concerned with planning and management.

46. A basic multisectoral service package (health, education, water supply, sanitation) which will take into consideration the Government's and UNICEF's institutional capacities will be implemented in the areas of intervention in accordance with a strategy of progressive coverage. At the conclusion of the 1996-2000 cooperation cycle, a complete package of convergent services should be in place in all areas. Actions to be carried out in other areas will mainly consist of advocacy with other institutions and strengthening the alliance network to tackle specific problems arising within the programmes.

47. The strategies will be put into operation through a method of integrated activities in the areas of delivery of services, training, social mobilization, the production of educational material, and by developing the capacities of communities and technical partners.

48. Partnership with other development agencies, especially with the United Nations system, which is already in place and working, and the reinforcement of the alliance network will remain the tools favoured at all stages of the implementation of the cooperation programme.

Health and nutrition

49. The project to support national programmes includes lines of action similar to the cross-sectoral strategies implemented at all levels of programme intervention. Strengthening of management, planning, monitoring, and evaluation capacities will be achieved by training the nationals in charge, the prefectoral delegates and the doctors who are district chiefs. The strengthening of intra and intersectoral coordination will be achieved through the technical programme monitoring committees and through stocktaking and coordination workshops. Revitalization of the logistical system will include optimizing procurement and distribution practices as well as promoting decentralization of inventory management. Strengthening the health information system will entail conducting periodic data support reviews, assisting in the supply of data to prefectures, and developing peripheral follow-up of health activities. Emphasis on advocacy and social mobilization will be based on the establishment of association networks to raise family awareness and the revision of health education material.

50. Interventions in the project areas of health and safe maternity and the revitalization of basic services will be undertaken at nine prefectoral health delegations, with the objective of revitalizing health services at the peripheral level (approximately 200 health centres and 5 district referral hospitals). Among the main strategies chosen, priority will be given to improving the delivery of specific services by means of minimum complementary packages. Such improvements will be achieved by making available essential drugs and by streamlining service use, notably through the introduction of computer charts. Strengthening the management capacities and training of health personnel, increasing local supervision and monitoring, and management-sharing and co-financing by the communities will be developed at all health centres. Acceleration of immunization activities, launched in 1994, will continue. At the prefectoral level, specific activities will be carried out in the areas of ORT promotion, ARI containment, and reduction of iron and iodine deficiencies, promotion of exclusive breast-feeding, xerophthalmia prevention and growth monitoring. In addition, emphasis will be given to household training and behavioural modification to promote maternal and child health and improve their relationships with the environment.

51. The health and safe maternity project involving the two prefectures of Guera and Tandjile (6 districts), for which UNICEF will provide technical assistance and monitor the implementation of activities, will be financed through a loan in the amount of $4,630,000 from the International Development Association to the Government. The basic services revitalization project in which UNICEF will act jointly with other donors or NGOs involves seven prefectures (Batha, Chari-Baguirmi, Kanem, Mayo Kebbi, Middle Chari, Western Logon and Ouaddai).

Education

52. The programme provides for two levels of activity: (a) activity at the national level to strengthen the institutional and operational capacities of the Ministry of Education as a part of the promotion of universal primary education, and to coordinate actions with other donors; and (b) activity at the level of the nine areas selected for the achievement of specific objectives relating to the education of girls, the strengthening of primary education, promotion and development of non-school education, the enhancement and diversification of adult education, parental education and early childhood guidance. In general as well as specific terms, all actions will be determined in relation to the following broad operational strategies: (a) capacity-building; (b) delivery of services; (c) transfer of management and decision-making powers to the community level; and (d) advocacy and social mobilization. Within that framework, the programme aims to contribute to the achievement of the following NPA objectives by the year 2000: (a) to raise the net rate of school enrolments for girls to 65 per cent in the nine areas of intervention; (b) to strengthen the early childhood guidance capacities of 12,000 households; (c) to provide literacy education to 100,000 adults, including 70,000 women; and (d) to provide basic school and non-school education to 172,000 girls and 103,000 boys.

Water, sanitation and environment

53. Programme actions will be carried out in the nine areas selected through priority targeting of schools and health centres. The programme will encourage collaboration among the various participants in the sector in order to strengthen coordination and monitoring.

54. In the area of safe water supply, actions will contribute to the goal of raising coverage to 85 per cent, the national level specified in the NPA. These actions will consist of installing new water points using appropriate low-cost technology. The technique of manual drilling called "sludge" currently being tested by the Peace Corps will be promoted and disseminated in schools and health centres. The programme will likewise support the identification and installation of a maintenance system for hand-operated pumps which will include the restoration of broken pumps. The Directorate of Hydraulic Works and Sanitation will coordinate and monitor all interventions in this area. Interventions will be ruled by the principle of voluntary association on the part of communities and of privatization and decentralization of services offered. The management capacities of communities will be enhanced so that they may actually become responsible for the management of their own water points. About 100 contractors and maintenance personnel will be trained and equipped to install and maintain the facilities. A decentralized network for the sale of spare parts will likewise be established.

55. In order to improve the conditions of hygiene of the population and in addition to supplying safe water, the programme provides for the implementation of a health education process based on sound knowledge of the environments where intervention occurs and of population behaviour. This process will stress waste management and environmental hygiene. Simple technical options readily available to the population and practical measures will be promoted in villages provided with water points. Schools and health centres selected for

intervention in other health and education programmes will benefit from ventilated improved pit latrines and garbage disposal. These activities will be carried out under the guidance of the Directorate of Environmental Hydraulics and Sanitation with the major participation of local committees and groups. The members of these committees will receive training that will improve their skills in managing their own environmental hygiene problems.

56. The programme will deal first of all with the elements of the environment which affect women's living conditions in terms of work overload. Assistance will be provided for community initiatives using appropriate technology (the planting of pine-tree nurseries, green belts, the building of small dikes, dissemination of home improvement information). Technical guides and the required educational material will be developed in cooperation with Government services and NGOs for the dissemination of such technologies. The services will provide training for community members as well as the monitoring and implementation of these initiatives. Under the programme, environmental education will also be provided in schools.

Social Mobilization

57. The social mobilization programme follows the cross-sectional strategy of the sectoral cooperation programmes. On the one hand, it will aim to conduct awareness-raising actions at the leadership level in order to provide effective follow-up to the World Summit for Children, the Convention on the Rights of the Child and the adoption of the Family Code, and to attract donors by a better allocation of resources. On the other hand, it will help strengthen national capacity for services and increase the level of community adherence and participation to development actions. Programme strategy consists of national capacity-building through training and the enhancement of traditional means of communications, and involving the political, administrative, traditional and religious authorities, local associations, NGOs and communities. The programme will provide the technical assistance required to design and produce information and educational materials, whether specific for sectoral interventions or regular for targeted objectives.

Urban development and children living in especially difficult circumstances

58. Interventions will aim to improve the living conditions of children in especially difficult circumstances in N'Djamena, Sarh, Mundu, Abeche and Bongor, and of women living in the periurban areas of N'Djamena, by means of an outdoors approach. The following actions will be undertaken, particularly in the area of urban development, with the following aims: (a) to help design policies and provide access to basic services to 218,000 people in eight N'Djamena neighbourhoods; (b) to aid 500 women engaged in revenue-generating activities through a revolving fund system and credits; (c) to provide guidance to 7,000 women to improve the welfare of under-five children; and d) to train 1,500 additional community development workers. Major actions to be undertaken in the area of guidance and reintegration of children living in especially difficult circumstances will consist of: (a) training 219 street leaders, 191 labour inspectors and magistrates for children and 250 legal assistants; (b) supplying five training centres and five urban centres with light equipment; and (c) providing vocational training to 3,830 children and assisting in the

reintegration of 4,470 children into family and society. In addition, advocacy and social mobilization will strive to adapt the Convention on the Rights of Children to the national context by amending existing legal documents. A monitoring mechanism will be set up to insure effective and consistent implementation of the Convention on the Rights of the Child.

Research, monitoring and evaluation

59. An integrated monitoring and evaluation plan designed for the whole cooperation programme constitutes the reference framework for internal (Government/UNICEF) as well as external (partners) capacity-building. This will help maximize the availability of resources for research, monitoring and evaluation. Input, yield and impact indicators will be used to gauge the degree of implementation and coverage, and the overall short- and long-term results of the programme. Unavailable key indicators will be obtained from surveys and evaluations conducted for each sectoral programme and at the monitoring and evaluation and operational research programme level. Major actions of the programme will consist, on the one hand, of strengthening current information systems for the purpose of improving data analysis capabilities and their actual use in the planning process; and, on the other hand, a data-gathering mechanism will be set up, especially aimed at communities which have no access to basic services and therefore receive no periodic monitoring. This mechanism will help introduce data into the decision-making and management circuit of community organizations so as to maximize the contribution of local initiative in achieving goals.

Cooperation programme management

60. At the central level, the Ministry of Planning and Cooperation will provide programme coordination and monitoring through its technical directorates and its coordination and monitoring unit. The technical ministries will each be responsible for managing and carrying out activities in their particular areas of operation. The preparation of annual action plans as well as monitoring and evaluation will be carried out by a technical monitoring and coordination committee to be established for each programme.

61. At the prefectoral level, the management, implementation and monitoring of activities will be carried out by the technical services of each department concerned on a collaborative basis, while seeking to insure a maximum degree of operational effectiveness in the field and efficient use of resources.

62. At the grass-roots level, management of the planning and implementation process will be provided by community organizations, such as the village management committees, with technical assistance from development workers. This partnership with community organizations will be mainly concerned with mobilizing around common objectives and common resource management to achieve these objectives.

63. A national committee headed by an official of the General Secretariat of the Presidency of the Republic will provide coordination in monitoring and achieving objectives.

64. Following an analysis of the country programme management plan, the opening of a fourth sub-office and management capacity-building for the communications and social mobilization programmes proved to be necessary in order to improve the operational capacity of the office in assisting the Government in the task of implementing and monitoring the country programme. Because of the size of the territory covered and the country's inadequate road infrastructure, it has become apparent that there is a strategic need for four sub-offices. The proposed fourth sub-office in Mongo will be entirely financed from International Development Association (IDA) funds. The capacity of the sub-offices of Ati and Mao will be enhanced by the reassignment of posts from the N'Djamena office. The sub-office of Kelo will likewise gain in strength by the recruitment of one professional funded from IDA funds.

Research and financing strategy

65. The preparation of a national strategy note, the adoption of the NPA and the signing of a new basic agreement between the Government and UNICEF form a suitable framework for active fundraising and improved use of programme funds. Of the total funds required for the country programme, 35 per cent will be funded from general resources. The office proposes to fund the remaining 65 per cent from additional funds. It must be noted that of that 65 per cent, 34 per cent is already available and that discussions are currently under way regarding 20 per cent, thus leaving a shortfall of 46 per cent to be sought. However, the area strategy adopted in the new programme allows the office to easily readjust its implementation in the event that all the funds needed cannot be obtained.

Inter-agency cooperation

66. The partnership which UNICEF has formed with bilateral and multilateral agencies (World Bank, European Union, United States Agency for International Development, French, Swiss and German cooperation, etc.), NGOs and associations present in Chad, is based on the principle of the comparative advantage evidenced by each in the areas of know-how and technology as well as in their capacity for action in the field and their ability to mobilize financial and material resources. This partnership, which is already functioning at the planning level, will be strengthened at the central as well as at the prefectoral level in order to achieve the sound management of the human, financial, material and logistical resources to be allocated in order to meet the objectives. Within the framework established for the realization of health and education projects financed by a loan from the International Development Association in the respective amounts of $4,630 and 0.400 million, UNICEF will provide technical management assistance and a financial contribution for the implementation and monitoring of activities.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Chad	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	206	(1993)	Very high U5MR
Infant mortality rate	121	(1993)	Very high IMR
GNP per capita	$ 220	(1992)	Low-income GNP
Total population	6.0 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	164	198	246	264
Infant deaths (under 1)	(thousands)	28	29	31	32
Under-five deaths	(thousands)	49	50	53	54
Under-five mortality rate (per 1,000 live births)		296	254	216	206
Infant mortality rate (under 1) (per 1,000 live births)		173	149	127	121

		About 1980	Most recent
Underweight children (under 5) (% weight for age)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%)		..	..
Primary school children reaching grade 5 (%, 1970/1989)		45	76

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%)	..	..
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%)	..	..
Prevalence of stunting (0-59 mos.) (%)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	77	73
Total goitre rate	15	..
Household expenditure (% of total income) All food/cereals	..	.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1992)		2	15
Access to health services (% of population, 1985/1991)	Total	30	30
	Urban/rural	.. / ..	64 / ..
Access to safe water (% of population, 1975/1991)	Total	26	27
	Urban/rural	.. / ..	30 / 25
Access to adequate sanitation (% of population)	Total	..	..
	Urban/rural	.. / ..	.. / ..
Births attended by trained personnel (%, 1990)			15
Maternal mortality rate (per 100,000 live births, 1987)		..	960

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	..	15	59	34
	DPT	..	3	20	13
	Polio	..	3	20	13
	Measles	..	7	32	19
Pregnant women (%) immunized against:	Tetanus	..	3	42	4

TABLE 1 (continued)

Chad

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1985/1991)	Total	43 / ..	65 / ..
	Male	63 / ..	89 / ..
	Female	24 / ..	41 / ..
Secondary enrolment ratio (gross/net) (%, 1985/1991)	Total	.. / ..	9 / ..
	Male	.. / ..	.. / ..
	Female	.. / ..	.. / ..
Adult literacy rate, 15 years & older (%, 1990)	Total	..	30
	Male/female	.. / ..	42 / 18
Radio/television sets (per 1,000 population, 1980/1991)		168 / ..	243 / 1

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	3652	4477	5553	6010	7307
Population aged 0-15 years	(thousands)	1586	1971	2523	2741	3295
Population aged 0-4 years	(thousands)	610	754	966	1051	1230
Urban population (% of total)		11.8	20.5	31.6	35.2	41.8
Life expectancy at birth (years)	Total	38	42	47	48	51
	Male	36	40	45	46	49
	Female	40	44	48	49	52
Total fertility rate		6.0	5.9	5.9	5.9	5.3
Crude birth rate (per 1,000 population)		45	44	44	44	41
Crude death rate (per 1,000 population)		26	22	19	18	16

		About 1980	Most recent
Contraceptive prevalence rate (%, 1977)		1.0	..
Population annual growth rate (%, 1965-1980/1980-1993)	Total	2.0	2.3
	Urban	7.5	6.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1992)		-1.9	3.4
Inflation rate (%, 1970-1980/1980-1992)		8	1
Population in absolute poverty (%, 1976)	Urban/rural	30 / 56	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1988)	Health/education	.. / ..	8 / 8
	Defence	..	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. / ..
Official development assistance: (1981/1992)	$US millions	60	248
	As % of GNP	11	20
Debt service (% of goods and services exports, 1982/1992)		2	4

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1995 a/

COUNTRY: CHAD
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $10 332 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
									Actual	Planned	Actual	Planned	Actual	Planned
	GR	FSF	GR	FSF	GR	FSF	GR	FSF						
Health	1 133	438	159	40	1 288	394	1 557	850	4 137	3 529	1 722	9 670	5 859	13 199
Nutrition and household food security	78	10	36		33		54		201	625	10	1 015	211	1 640
Water supply and sanitation	11	1 025		30	69	550		855	80		2 460	2 960	2 540	2 960
Education	254	450	170	145	212		469	28	1 105	1 743	623	3 932	1 728	5 675
Community organization and development		8						15			23	3 170	23	3 170
Young child development										70				70
Women-centred programme		12		11				11		175	34	350	34	525
Social mobilization and advocacy	36	139	37	71	301	4	378	117	752	1 424	331	1 220	1 083	2 644
Planning and programme support	292	162	43	22	1 677	889	1 511	255	3 523	2 192	1 328		4 851	2 192
Emergency	206	16				3	58	37	264		56		320	
Integrated area-based programme										574				574
GRAND TOTAL	2 019	2 250	445	319	3 580	1 840	4 027	2 168	10 062 b/	10 332 c/	4 597	22 317 d/	14 649	32 649

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.
b/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.
c/ Including additional general resources of $2 832 000 (E/ICEF/1994/P/L.20).
d/ Of this amount, $5 111 470 remains unfunded.

/...

TABLE 3. PLANNED EXPENDITURE, 1996 - 2000

(In thousands of United States dollars)

Country: CHAD **Period covered: 1996 - 2000**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health and Nutrition	GR	469	469	374	399	374	2 085
	NSF	2 080	2 321	1 651	1 578	600	8 230
Education	GR	340	355	380	380	380	1 835
	NSF	1 000	1 000	500	500	500	3 500
Water supply, sanitation and environment	GR	120	120	150	130	130	650
	NSF	600	500	440	440	440	2 420
Social mobilization and advocacy	GR	230	230	230	249	229	1 168
	NSF	100	100	100	100	100	500
Planning and social statistics	GR	110	95	120	110	125	560
	NSF	75	75	75	75	75	375
Community organization and development	GR	30	30	30	30	30	150
	NSF	200	200	200	200	200	1 000
Programme support	GR	401	401	416	402	432	2 052
TOTAL	GR	1 700	1 700	1 700	1 700	1 700	8 500
	NSF	4 055	4 196	2 966	2 893	1 915	16 025
GRAND TOTAL		5 755	5 896	4 666	4 593	3 615	24 525

GR = General resources.
NSF = New programmes for supplementary funding.